



Secretary of State
Elections Division
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Office of the
Secretary of State

Barbara Cegavske

Barbara Cegavske
Elections Division

JStokes

9/22/2016 #3608

State of Nevada
Committee for Political Action
(PAC)
Registration Form
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ABOVE SPACE IS FOR OFFICE USE ONLY

- ☒ New Registration ☐ PAC (Advocating Passage or Defeat of a Ballot Question)
- ☐ Annual (Due on or before January 15th of each year; NRS 294A.230(4)(b))
- ☐ Amended Registration: ☐ Change Officers ☐ Change Registered Agent ☐ Change Address
check all that apply
- ☐ Change Name ☐ Previous Name of PAC
- ☐ Other:

Name of Committee:
Support the Las Vegas Dome

Telephone:
(775) 235-4222

Mailing Address:
6077 S. Fort Apache Rd., Ste. 130
Street Name, Number

Las Vegas
City

NV 89148
State Zip Code

PAC Active Email Address: supportthelvdome@gmail.com

PURPOSE: Briefly state the purpose for which the PAC was organized.

To facilitate and engage in public discussion about the benefits, opportunities, and impacts of the Las Vegas Dome project.

REGISTERED AGENT: pursuant to NRS 294A.240, each PAC must appoint and keep in the State a registered agent, as provided in NRS 14.020, who must be a natural person who resides in the State of Nevada.

Name of Registered Agent:
John P. Sande, IV

Telephone:
(775) 235-4222

Physical Address:
6077 S. Fort Apache Rd., Ste. 130
Street Name, Number

Las Vegas
City

NV 89148
State Zip Code

REGISTERED AGENT ACCEPTANCE: I hereby accept appointment as Registered Agent for the above-named Committee for Political Action.

X

Signature of Registered Agent

John P. Sande, IV

Date:
9/21/16



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STATE OF NEVADA
**Committee for Political Action
(PAC)**
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OFFICERS: List the name, title, address and telephone number of each officer (attach additional pages if necessary).

Officer Name and Title:

Brian Phillips

Telephone:

(702) 414-1000

Mailing Address:

3355 S. Las Vegas Blvd.

Las Vegas

NV 89109

Street Name, Number

City

State Zip Code

Officer Name and Title:

Telephone:

Mailing Address:

Street Name, Number

City

State Zip Code

Officer Name and Title:

Telephone:

Mailing Address:

Street Name, Number

City

State Zip Code

Officer Name and Title:

Telephone:

Mailing Address:

Street Name, Number

City

State Zip Code

AFFILIATIONS: If the PAC is affiliated with any other organizations, list the name, address and telephone number of each organization (please attach additional pages if necessary).

Name of Organization:

N/A

Telephone:

Mailing Address:

Street Name, Number

City

State Zip Code

Name of Organization:

Telephone:

Mailing Address:

Street Name, Number

City

State Zip Code

Name of Organization:

Telephone:

Mailing Address:

Street Name, Number

City

State Zip Code

SUBMITTED BY:

X
Signature of Representative of Group

Printed Name:

Brian Phillips

Date:

9/21/16

Telephone:

202-577-1305